

VSBE GOAL
PRG Review and Approval Form
 for Veteran-Owned Small Business Enterprises (VSBE)
 MARYLAND DEPARTMENT OF HEALTH (MDH)
 Office of Procurement and Support Services (OPASS)

SBR Procurement

ADPICS #: M00R M00 CO	OPASS #: Previous OPASS #:	Solicitation Title:
Select: <input type="checkbox"/> New Procurement <input type="checkbox"/> Retro/Emergency <input type="checkbox"/> Sole Source <input type="checkbox"/> IGCP <input type="checkbox"/> Option <input type="checkbox"/> Mod		
Administration: Contact Name: _____ Procurement Coordinator: _____ Phone: _____ Phone: _____		
OPASS Contract Officer Name: _____ Phone: _____		
Anticipated Dollar Amount (including options): _____		Anticipated Start Date: _____
Incumbent Vendor*: <input type="checkbox"/> Yes <input type="checkbox"/> No		Non-Profit: <input type="checkbox"/> MBE: <input type="checkbox"/> SBR: <input type="checkbox"/>
Vendor Name: _____ <i>*If incumbent vendor, please attach most recent budget</i>		VSBE Goal: % Goal Met: <input type="checkbox"/> Yes <input type="checkbox"/> No
For new procurements only: Duration of Contract Base: year(s) month(s) Option 1: day(s) Option 2: day(s) Option 3: day(s) Option 4: day(s) Option 5: day(s)		
For options only Option Term: <input type="checkbox"/> Option: day(s)		
For modifications only Modification Term: <input type="checkbox"/> Modification: day(s)		

Goal Explanation/Justification:
 Include an explanation and justify your goal. Your goal factors should include available VSBEs who are verified by the Center for Veterans Enterprise of the United States Department of Veterans Affairs (<http://www.vetbiz.gov>).

Recommendation:

- Approved as submitted
- Approved with recommended changes (see comments)
- Denied:
 - Stated goal is insufficient. Recommended goal is %.
 - Failure to include justification for VSBE subcontracting goal.
 - Other (see comments below)

Reviewed by Procurement Review Group (PRG): _____

MBE Administrator/Liaison: _____

Date: _____

Director of OPASS: _____	Date: _____
PRG Member: _____	Date: _____
PRG Member: _____	Date: _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note: Submit options with VSBE goals only. Attach original goal justification. Additionally, document total dollars spent with incumbent and total dollar amount with certified VSBE subs. If goal is not being met, submit a corrective action plan.

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VSBE SEARCH RESULTS

Categories Subcontractable	Number of Certified Companies in each Category	Estimated Dollar Value	Percentage of Anticipated Award
TOTAL	0	\$0.00	0%

